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# A patient's death and the medical student

## REFLECTIONS

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**Case presentation**

*The student*

Miss X is an enthusiastic second-year graduate entry medical student who, during a student selected component (SSC) placement week, inadvertently observed the treatment of Y. Miss X was looking for the consultant she was shadowing for the evening. The doctor was in the Resus room with the Emergency Department (ED) team waiting for an air ambulance call. Not knowing what the call was going to bring, Miss X was told to 'blend into the wall' and that it was going to be an upsetting scene. Even though Miss X is 'only' a medical student, being told to blend in did not make her feel as part of the team, and therefore, tried her hardest to not be in the way and observe quietly from a corner of the room.

*The patient*

Y was a teenager who was flown into the emergency department after being found unresponsive following a suicide attempt. Pre-hospital emergency medicine (PEM) doctors had placed a cardiac compression machine on the teenager as soon as they got to the scene. Y was brought into Resus within an hour of being found. PEM doctors gave a briefing on the situation and it was decided, by stand-by ED doctors and nurses, to stop compressions and all attempts at resuscitation.

*The dilemma*

When Y was brought in, the first thing Miss X noticed were the teenager's colourless feet. It was obvious not much else could be done for Y so compressions were not attempted, and death was called. The teenager's mother walked into the room and was in complete shock when told that Y was dead. At this point, Miss X, still trying to 'blend into the wall' felt she was in a surreal world. This was Miss X's first

exposure to a patient's death and she did not know what to feel or how to react. Miss X felt 'nothing' during and after the episode. She was not overwhelmed and/or upset by the fact that a teenager had died by suicide. Instead, Miss X felt troubled that she had no reaction to the situation and questioned whether this seemingly lack of empathy would make her a bad doctor in future.

## **Discussion**

Miss X's dilemma presents two points for discussion: the impact of a patient's death on a medical student, and the role of empathy in such situation.

### **The impact of a patient's death on a medical student**

Consultants, junior doctors and nurses offered Miss X support several times, but she did not feel like she needed it. However, this was Miss X's first experience of a patient's death and her reaction, or lack thereof, could have been shock.

Not many studies have been published on the psychological impact of a sudden or unexplained patient's death on doctors and medical students, but the results of those that have, warrant further investigation. It has been previously suggested that an emergency care doctor's view on death is subjective and dependent not only on their perceptions and actions, but also on the moment of life course of the patient, with the death of younger patients having the most psychological impact. (1) The same study concluded that patient deaths can be more or less difficult to overcome depending on the doctor's, as well as, the patient's situation. (1) In terms of healthcare students, a study has shown that those studying nursing demonstrate a greater emotional involvement with patient deaths than medical and physiotherapy students. (2) Interestingly, it has been demonstrated that emotional reactions to death differ depending on the setting, with sadness and grief being the main emotions in an inpatient setting, compared to surprise and shock in ED, (3) correlating with Miss X's experience. Furthermore, patient deaths seem to have a higher emotional impact in females than males. (4) However, this does not correlate to Miss X's experience, demonstrating that the effect of a patient's death on a doctor/medical student is subjective.

### **The role of empathy on a patient's death**

Prior to, during and after medical school, students are constantly reminded of the importance of empathy. Putting themselves in the patients and their families' shoes is meant to make better doctors and help provide more patient-centred care. (5) However, one cannot help but wonder if this strong emphasis on empathy is making students question their capabilities as future doctors. Can

we really be empathetic with every patient and their family?

The ED consultant reassured Miss X that 'not feeling anything' was OK, and that everyone deals with patient deaths in different ways, particularly when they are young patients. Doctors 'grow a thick skin' since they are exposed to death regularly, otherwise it would be impossible to mentally cope with the profession, which, as a result, could come across as not being empathetic enough. Although no research to date has been done on the psychology of 'feeling nothing' when related to a death, one small study demonstrated that qualified doctors with more than 3 years of experience expect death to happen on a daily basis at work and therefore find it 'normal'. (6) Furthermore, another study demonstrated that medical students had strong feelings towards death whilst on university placement. (3) Both studies illustrate how feelings and attitudes towards death change with age and experience in the medical profession. In this case of Miss X, it may have been that, although a student, Miss X had a strong scientific background and participated in various human cadaveric dissections, and therefore this life experience had already given her some resilience.

## **Recommendations**

At present, medical schools do not generally expose students to patients' deaths until the clinical years because this is when the majority of patient contact occurs. However, hospital based SSCs and GP placements also take place during non-clinical years, and, although minimal, patient contact is also present. Therefore, the author suggests that students are taught about this subject earlier in their degree. Introducing the subject of death to medical students could be achieved by, for example, asking qualified doctors, particularly juniors as students will be able to relate to them more, to comment on their experiences. Another approach could be to organise a palliative care placement in the first year of the medical course where the aim would be for students to interact with patients who are dying, their families and doctors involved in their care. By introducing the topic earlier, students will be more aware that they should seek help and support, helping them cope, in the long run, with the psychological impact of the death, no matter how big or small.

It is also recommended that students talk to their clinical seniors about their experiences and feelings towards different patient deaths, helping them further realise and understand that emotions towards a shared situation are subjective. Students should be encouraged to provide support to their peers when exposed to similar situations.

Finally, and most importantly, students should be reminded that 'not feeling anything' towards a patient's death does not mean that they lack empathy and will become bad doctors. Instead, it will help

them cope with the psychological impact of the profession.

*May Y rest in peace.*

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